DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS	2. ID#				
1. Committee Name:	_ -				
3. Report covering period fromThru	-				
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE			
Contributions other than loans and in-kind:					
(a) Individuals - more than \$50 (Total from Schedule A)					
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)					
(c) Political Committees (Total from Schedule B)					
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]					
(e) Refund of contributions (Total from Schedule F-2)					
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]					
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)					
(b) All other loans (Total from Schedule C-1)					
(c) Total Loans [add 5(a) and 5(b)]					
In-kind contributions (Total from Schedule E)					
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)					
8. Total Receipts [add 4(f), 5(c), 6, and 7]					
DISBURSEMENTS					
Expenditures for operating expenses (Total from Schedule D)					
10. Independent Expenditures (Total from Schedule D-1)					
11. Value of In-kind expenditures (Total from Schedule E)					
12. Loans made by reporting committee (Total from Schedule D-2)					
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)					
(b) Repayment of all other loans (Total from Schedule D-5)					
(c) Total Loan Repayments [add 13(a) and 13(b)]					
14. Transfers to other political committees (Total from Schedule D-6)					
15. Any other disbursement (Total from Schedule D-7)					
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]					
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)					
18. Total disbursements [subtract line 17 from line 16]					
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)					
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.					
Type or Print Name of Treasurer					
Signature of Treasurer or Candidate or Designating Individual Date					

Page 2

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCH	` 1	11		Λ
ンバ・ロ	и.	"	_	$\boldsymbol{-}$

2. ID#		

3. Report covering period from _____thru__

4		CONTRIBUTIO	NS	DAT		AMOUNT	CUMULATIVE
	NAME, ADDRESS, OCCU	DDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR			VED	RECEIVED THIS PERIOD	TOTAL THIS CAMPAIGN TO DATE
4a.	LAST	FIRST	MI				
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
b.	LAST	FIRST	МІ				
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
C.	LAST	FIRST	MI				
	STREET ADDRESS						
	OTREET ABBRECO						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
d.	LAST	FIRST	MI				
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
e.	LAST	FIRST	MI				
	STREET ADDRESS						
	CITY	STATE	ZIP				
	OCCUPATION		EMPLOYER				
5.	ENTER TOTAL ONLY IF LAST Summary Page Line 4(z), Colu	PAGE OF SCHEDULE A [If las	st page of Schedule A, transfer to	al to Detailed			

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

1. Committee Name

SCHEDULE A-1

2. ID#

[Transfer total to Detailed Summary Page, Line 4(b),

Column B]

4. Aggregate Total of Contributions of \$50 or less						
DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE				
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b),		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE				

3. Report covering period from _____thru____

^{*}If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SC	Н	F	H	ı	F	F
\circ	П		 u			

		2. ID#
1. Committee Name		
3. Report covering period from	thru	

4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS	
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE	
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
5.	ENTER TOTAL ONLY IF Detailed Summary Page	LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to , Line 4(c), Column A]			

	CANDIDATE LOANS	SCHEDULE C				
1.	Committee Name	ame				
3.	Report covering period fromthru	Report covering period fromthru				
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE		
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
b.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
C.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
d.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
e.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
f.	NAME, ADDRESS, CITY, STATE, AND ZIP					
	DESCRIPTION					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAS					

OTHER LOANS

SCHEDULE C1

1.	Committee Name		
3.	Report covering period from	thru	

4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Page, Line 5(a), Column A]	Detailed Summary		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name	

3. Report covering period from ______thru__

	3. Report covering period fromtnru		
4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
	5250.11. 1161.6. 11. 211.6. 61. 62.11.6.25. 161.6.11.6.25		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
4f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name		
3. Report covering period fromthru		
INDEPENDENT EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MADE	EXPENDITURE
NAME, ADDRESS, CITY, STATE AND ZIP		
PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed	-	
CANDIDATE OFFICE SOUGHT TEAK OF ELECTION		
NAME, ADDRESS, CITY, STATE AND ZIP		
PLIPPOSE AND DESCRIPTION OF PLIPCHASE Repatitied Opposed		
CANDIDATE OFFICE SOUGHT YEAR OF ELECTION	-	
NAME, ADDRESS, CITY, STATE AND ZIP		
PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed		
CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line	10, Column A]	
EE A.R.S. § 16-901(14).		
	n, consultation or co	oncert with or at the
ure of Treasurer		
NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line EE A.R.S. § 16-901(14). Ty, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation st or suggestion of any candidate or any campaign committee or agent of that candidate.	EPPENDITURE MADE IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION NAME, ADDRESS, CITY, STATE AND ZIP PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A) EEE A.R.S. § 16-901(14). BY, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or cost or suggestion of any candidate or any campaign committee or agent of that candidate.

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

		2. IU#	
1. Committee Name 3. Report covering period from	L		
LOANS MADE BY THE REPORTING COMMITTEE		DATE LOAN MADE	AMOUNT OF THE LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		207 117 112 12 2	0 20/

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	20, 11, 11, 15, 2	0 20,
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES *

4a.

4c.

4d.

4e.

SCHEDULE D-3

2. ID#

1. Committee Name		
3. Report covering period fromthru		
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND]	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	1	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	1	
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND	1	
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, [transfer total to Detailed Summary Page Line	17 Column A]	
Includes return of contributions made by reporting committee		

Schedule D-3 Page___of ___of

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

Schedule D-4 Page____of ____

2. ID#

	1. Committee Name		
	3. Report covering period fromthru		
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
lb.	NAME, ADDRESS, CITY, STATE, AND ZIP		
lc.	NAME, ADDRESS, CITY, STATE, AND ZIP		
ld.	NAME, ADDRESS, CITY, STATE, AND ZIP		
le.	NAME, ADDRESS, CITY, STATE, AND ZIP		
1f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
i.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

			2. ID#	
		ļ		
. Committee Name				
B. Report covering period from	thru			

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

		2. ID#	
1. Committee Name			
3. Report covering period from	thru		
TRANSFERS MADE BY THE REPORTING COMMITTEE		DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
		7	

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)		
	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 (Transfer total to Detailed Summary Page - Line 14 - Column A)		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

ANY OTHER DISBURSEMENT

SCHEDULE D-7

		2. ID#	
1. Committee Name			
3. Report covering period from	thru		
ANY OTHER DISBURSEMENTS		DATE	AMOUNT OF THE

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
	DECOME TION		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

Page____of ____

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

	2. ID#
1. Committee Name	

	Report covering period from	thru		
4	IN-KIND CONTRIBUTI	DATE	FAIR MARKET VALUE	
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION	-	-	
	OCCUPATION	EMPLOYER		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION		-	
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION		-	
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION		-	
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST F Line 6, Column A]	PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to D	Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST F Line 11, Column A]	Detailed Summary Page		

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

		2. ID#
1. Committee Name		
3. Report covering period from	thru	

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	AMOUNT OF THE
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	RECEIPT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

		2. ID#	
1. Committee Name			
3. Report covering period from	thru		

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	-	
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
	ENTER TOTAL ONLY IF LACT DACE OF COURTNIES FOUND and of Cabadida Fig. transfer total to Detailed Common Page Line		

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

		2. ID#
1. Committee Name		
3. Report covering period from	thru	

	Report covering period from		thru		
4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLO F-3 [Transfer total to Detail Summary Page Line 19, Colu		ONLY IF LAST PAGE OF	SCHEDULE	